



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney:	LYLE et al.	Examiner:	Matthew E. Heneghan
Application No.:	09/615,676	Art Unit:	2134
Filed:	07/14/00	Docket No.:	RECOP005
Title:	SYSTEM AND METHOD FOR TRACKING THE SOURCE OF A COMPUTER ATTACK		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

10/19, 2004. Vicki L
Vicki Lorist

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL
FILED WITH AMENDMENT B**

RECEIVED

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

OCT 26 2004
Technology Center 2100

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. Previously submitted:
 Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____
 Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 Other _____

b. Enclosed:

Amendment/Reply
 Affidavit(s)/Declaration(s)
 Information Disclosure Statement (IDS)
 Other

790.00 qp

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c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

	Claims filed with RCE		Claims previously paid for	Present Extra	Small Entity			Large Entity	
					Rate	Additional Fee		Rate	Additional Fee
Total Claims	35	Less	43	0	x \$9 = \$		OR	x \$18 = \$	0
Indep Claims	4	Less	4	0	x \$44 = \$		OR	x \$88 = \$	0
RCE Filing Fee					x \$395		OR	x \$790 = \$	790
[]Multiple Dependent claim Present & Fee Not previously paid					x \$150 = \$		OR	x \$300 = \$	
					TOTAL \$			TOTAL \$	790

2. Miscellaneous:

a. Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months.

b Other _____

3. Applicant hereby petitions for a _____ month extension of time.

4. Applicant(s) hereby petition that any additional required extension of time be granted.

5. Enclosed is our **Check No. 1452** in the amount of **\$790** to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.

6. Please charge Deposit Account No. 50-0685 (_____) in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.

7. If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (RECOP005).

8. Applicant Initiated Interview Request Form.

9. Please continue to send correspondence to the following address:

CUSTOMER NO. 21912
VAN PELT & YI LLP
10050 N. Foothill Blvd., Ste. 200
Cupertino, CA 95014
Tel (408) 973-2585 Fax (408) 973-2585

Date: 10/19/04

William J. James
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